SHRI DIPANKAR MUKHERJEE: We have to protect the rights of the tribals. Don't say that the Judiciary is having overriding powers ... (*Interruptions*)

SHRI ANAND SHARMA: Sir, this is very important subject. Through putting questions, it may not be adequately addressed. Let us have a discussion on it.

श्री सभापति: ज्यादा अच्छा होगा, यदि माननीय सदस्यों की इच्छा हो, तो हाफ एन आवर डिसकशन के लिए लिखकर दे दें।

Anthrax disease

*182. SHRI N.K. PREMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any State in the country is under Anthrax threat and if so, the details of cases of Anthrax disease reported so far, State-wise;

(b) the precautions proposed to be taken by Government to check the disease; and

(c) whether any pakcage of assistance has been made available to the State Governments under the Centrally sponsored schemes to control the disease?

THE MINISTER OF HEALTH AND FAMILY WELARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

Natural anthrax is endemic in some parts of the country. It had been reported from Orissa (2000-2005) Karnataka (2001 & 2004), Andhra Pradesh (2000, 2001, 2004 & 2005), Tamil Nadu (2005), West Bengal (2001, 2003, 2004 & 2005). The details of cases reported so far since 2000 are annexed as Statement-I. (*See* below)

Anthrax is primarily a disease of animals. Humans can become infected with Anthrax while handling products from infected animals (Cutaneous Anthrax) or breathing infected spores (Inhalation Anthrax) and by eating of undercooked meat from infected animals (Gastrointestinal Anthrax).

The important strategies are surveillance among animals, vaccination, early treatment of animals, disinfection, safe disposal of carcases and Information, Education and Communication activities.

Whenever an outbreak is reported, the National Institute of Communicable Diseases (NICD) conducts epidemiological investigations and advise the State on the public measures and each time the disease has been contained effectively. NICD also provides necessary guidelines and laboratory support.

The State health authorities institute the public health measures which includes daily monitoring and reporting of cases by district health authorities, early diagnosis and treatment, ensuring adequate stock of medicines, intensifying IEC activities.

Under the Integrated Disease Surveillance Project (IDSP) launched by Government of India in November, 2004, to establish a decentralized state based system of surveillance for communicable and non-communicable diseases, each state has been given the option to identify up to five endemic conditions for surveillance in addition to a list of core conditions under surveillance for all States. Thus, States where Anthrax is a problem can include the disease as one of the five conditions.

Statement-I

Statewise date on reported cases and deaths of Anthrax during 2000-2005

States	2000		2001		2002		2003		2004		2005	
	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death	Case	Death
Orissa	10	0	25	1	45	2	111	8	11	3	25	1
Karnataka	0	0	4	2	0	0	0	0	5	0	0	0
Andhra Pradesh	12	3	1	0	0	0	0	0	5	0	6	0
Tamil Nadu	0	0	0	0	0	0	0	0	0	0	5	0
West Bengal	0	0	6	0	0	0	86	2	60	0	94	0
TOTAL:	22	3	36	3	45	2	197	10	81	3	130	1

No case of anthrax has been reported from other States/UTs.

Source: Dte. of Health Services, State/UTs

SHRI N.K. PREMACHANDRAN: Sir, the Anthrax disease has mainly occurred in pockets of Southern States of Andhra Pradesh, Tamil Nadu, Karnataka, Union Territory of Pondicherry and some parts of West Bengal and Orissa. Sir, India is considered as an endemic region for the animal Anthrax because of a large unprotected and uncontrolled livestock population. Also, most of the human Anthrax cases occur to agricultural labourers who have the history of handling animal meat or skin of infected animal. My point is, in order to control and contain this Anthrax disease, public awareness is needed. So, I would like to know from the hon. Minister what steps are being taken by the Government to create awareness regarding this communicable disease of Anthrax.

DR. ANBUMANI RAMDOSS: Sir, as the hon. Member has rightly said, the animal Anthrax has been endemic in about five States, namely, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu and Karnataka and a little bit in Pondicherry. Every year, we have a little outbreak, mostly in Andhra Pradesh, Tamil Nadu, Karnataka and West Bengal, mostly in the tribal areas where there is not much awareness.

Sir, there are three types of Anthrax. One is the cutaneous Anthrax where it comes from the skin; another is inhalation Anthrax, which if one is exposed to spores of Anthrax, that is a very serious Anthrax; and the third is the gastro-intestinal Anthrax, when you take the meat of an animal which has Anthrax. The awareness has been created, is being created, both by the Central and State Governments about not to eat infected food and to bury the dead animals or to burn them and also to vaccinate the high-risk group, that is, persons who are handling this meat or cattle, and also sometimes during wool manufacturing facilities where inhalation Anthrax could be there. All those persons can be vaccinated. In fact, there is an international vaccine also available. And, mostly, not only to the people but to the health-care providers also. A lot of exercise is being done to see how to identify. Surveys have been done. A lot of survey network has been formed to these endemic area. In fact, with the Government of India's supplement, through the National Institute of Communicable Diseases, whenever there is an outbreak, immediately we go there and advise the State Government and we have a coordination with them. Not only the Health Ministry, but even the Animal Husbandry Ministry also is taking an active interest; in fact, last year, through Centrally-sponsored programmes, 37.18 lakh cattle have been vaccinated to prevent this. Definitely, Sir, we are concerned about this Anthrax in the endemic areas and we want to totally eradicate and eliminate this.

SHRI N.K. PREMACHANDRAN: Sir, my second supplementary is in respect of vaccination. It is being reported that we are not able to contain this Anthrax disease because of lack of effective vaccination. What efforts are being done by the authorities? I would like to know from the hon. Minister whether there is any effective vaccine to prevent this disease and whether this vaccine is easily accessible to the people, especially the rural people, agricultural labourers who are coming in contract with this disease.

DR. ANBUMANI RAMDOSS: Sir, there are two issues in this. One vaccination is for humans and another for animals. For animals, we have an effective vaccine and last year about 37.18 lakh cattle vaccination was Centrally-sponsored. Individual States are also vaccinating animals on their part also. Coming to the humans, Sir, this Anthrax is only to be transmitted from animals to humans. Humans to humans it is very rarely transmitted. Unless infected by the soiled clothes or any other things, it cannot come. Cutaneous Anthrax could come from human to human. But, Sir, unfortunately, we do not have a viable Indian vaccine for humans; we have an international vaccine; we do not have any vaccine made in India. We have an international vaccine and that, till today we have not used. The Government of India has asked the ICMR to have more viable vaccine. But today with the existing animal vaccine we are able to control it. In fact, we have asked ICMR to have more vaccine which is more viable.

Also, most of the health-care workers and the people of high-risk group who are handling this meat and cattle, can be vaccinated. We are also advising the State Governments to vaccinate them also. Not only the State Governments, we are advising the owners of poultries and cattle also to take up vaccine.

SHRIMATI VANGA GEETHA: Sir, in Andhra Pradesh tribal people, particularly in Visakhapatnam agency, are suffering from Anthrax. It is spreading over all the agency areas in the State. Sir, I would like to know from the hon. Minister whether any committee of experts has been constituted for this purpose. If so, when are they going to submit their report? If not, when are you going to constitute it? Sir, second part of my question is related to the para five of the answer given by the hon. Minister. Sir, he has stated that all steps are taken by the State Government. But the people who are suffering from Anthrax, particularly the tribal people,

are not only illiterate but also are very poor. The State Government machinery has failed to help them. Therefore, I request the hon. Minister to spell out a programme for the Government of India in this regard. Thank you.

DR. ANBUMANI RAMDOSS: Sir, as it is today, there is no special committee formed to go into this. We have certain endemic areas and I would categorically prove that it is the priority of the Government to eradicate it in the endemic areas. But, then, again this is mostly in the tribal areas. This Anthrax is in Andhra Pradesh and also Orissa. We are trying to educate the tribal people in those areas not to eat infected animals having Anthrax. This is one of the main reasons where they get Anthrax. Sir, with regard to treatment of Anthrax, this can be very easily treated by vert cost effective antibiotics available in any shop in the country literally - penicillin, chloraphienical, ciprofloxacin, doxyeycline, erythromycin, tetracycline, etc. All these are very cost effective, cheap antibiotics, which can easily treat the Anthrax cases. But coming to the concern of the hon. Member, we are not only concerned about Andhra Pradesh but also about other five endemic States. As I said earlier, monitoring is already being done by the State authorities. Surveillance is one of the main ways to control Anthrax. We are going for surveillance. The Government of India is also going for a programme of Integrated Diseases Surveillance Project which we launched last October and in three years' time all villages in the country will be covered under this project. In fact, we are covering 600 districts and we are also covering all the villages. In future when this programme is implemented in the country any case of Anthrax or Cholera or any other disease will be reported within five to six hours and the State Government and the Central Government will be notified and we will take remedial action.

श्री सभापति: माननीय मंत्री महोदय, यह प्रश्न इस सदन में तीसरी बार आ रहा है और बार-बार यह कहा जाता है कि बीमार पशुओं का मांस खाने से यह बीमारी पैदा होती है। मैं आपसे यह जानकारी चाहता हूं कि जिन क्षेत्रों में यह बीमारी हुई है, वहां के लोगों के लिए जितना भी खाद्यान्न चाहिए, क्या वह उपलब्ध है?

DR. ANBUMANI RAMDOSS: Sir, as I said, mostly there are three types of Anthrax. Sir, gastro-intestinal anthrax, for example, is mostly happening in tribal areas. ...*(Interruptions)*..

श्री सभापति: वह ठीक है, लेकिन आपने कहा कि बीमार जानवरों का मांस खाने से यह बीमारी फैलती है और ट्राइबल्स को आपने बार-बार यह इंस्ट्रक्शन्स भी दिए हैं कि वे मांस न खाएं। मैं यह जानना चाहता हूं कि जिन क्षेत्रों में यह बीमारी फैल रही है, क्या वहां पर्याप्त मात्रा में खाद्यान्न उपलब्ध है?

DR. ANBUMANI RAMDOSS: Sir, definitely, it is the priority of the State Governments as well as the Central Government to provide this and we are trying our best to give to the tribal areas the required foodgrains.

MR. CHAIRMAN: I am talking only of the tribal areas. ...*(Interruptions)*...

SHRIMATI VANGA GEETHA: Sir, in Andhra Pradesh, they are not doing it. ...*(Interruptions)*...

DR. ANBUMANI RAMDOSS: Sir, my colleague, the hon. Minister of Agriculture and Food, is also sitting here. ...*(Interruptions)*... We are trying our best. We have specific programmes for tribal areas not only in the health sector but also in education, food sector, etc. for tribal people. We have on-going programmes. We are trying our best to get into this. Sir, in Andhra Pradesh, there are some agency areas. which are very a littlie difficult to access. But the Government both in the State and at the Centre are trying their best to go into this.

MR. CHAIRMAN: Have you sent any special demand to the hon. Minister for Food for this purpose? ...*(Interruptions)*... Has any request been made from your Department to the Ministry of Food?

DR. ANBUMANI RAMDOSS: No, Sir, we have not sent it. ...*(Interruptions)*... Through you, after your concern, we will send it to them. He already knows what is happening in the country and he is trying his best to tackle this situation.

SHRI PENUMALLI MADHU: We would like to know from the Minister whether he is going to send any medical team from the Government of India to see what is going on.

श्री सभापति: मेडिकल टीम की जरूरत नहीं है, पहले खाने की जरूरत है। खाने की चीज मिल जाए तो मेडिकल टीम की आवश्यकता ही नहीं है।

SHRI PENUMALLI MADHU: Sir, 75 per cent of the doctors are not there. I would like to know whether the Ministry is going to direct the State Government to appoint doctors.

श्री सभापति: मैं फूड मिनिस्टर से पूछना चाहूंगा कि इनकी रिक्वेस्ट पर जितने खाद्यान्न की आवश्यकता होगी वह जल्दी से जल्दी उपलब्ध करा देंगे?

श्री शरद पवार: आपकी रिक्वेस्ट पर भी करेंगे, इसमें कोई प्रोब्लम नहीं है।

श्री सभापति: इनका ध्यान नहीं देंगे, मेंरी रिक्वेस्ट पर ध्यान देंगे।

श्री शरद पवार: इनका तो ध्यान देंगे ही, मगर आपके सुझाव पर भी ध्यान देंगे।

गेहूं का उत्पादन

*183. **श्री मोती लाल वोरा:††**
श्री जनार्दन द्विवेदी:

क्या **कृषि मंत्री** यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि जुलाई, 2005 में देश में गेहूं का स्टॉक घटकर लगभग 143 लाख टन रह गया है;

(ख) यदि हां, तो गेहूं उत्पादन में निरन्तर गिरावट के क्या कारण हैं;

(ग) सरकार देश में बढ़ती आबादी के अनुपात में गेहूं उत्पादन बढ़ाने के लिए क्या कदम उठाने जा रही है;

(घ) भविष्य में गेहूं और विविध फसलों के उत्पादन में कमी न आने देने के लिए सरकार ने क्या योजना बनाई है; और

(ङ) क्या सरकार गेहूं और विविध फसलों के उत्पादन में कमी न आने देने के लिए कृषि भूमि के आवासीय उपयोग पर भी प्रतिबंध लगायेगी; यदि नहीं, तो इसके क्या कारण हैं?

कृषि मंत्री (श्री शरद पवार): (क) से (ङ) एक विवरण सभा पटल पर रख दिया गया है।

विवरण

(क) दिनांक 10 जुलाई, 2005 की स्थिति के अनुसार केन्द्रीय पूल में गेहूं का स्टॉक 144.54 लाख मीटरी टन था। इससे पूर्व (30 अक्तूबर, 1988 से मार्च, 2005 तक) गेहूं का न्यूनतम बफर स्टॉक मानदण्ड दिनांक 01 जुलाई को 143.0 लाख मीटरी टन निर्धारित किया गया था। तथापि, सरकार ने न्यूनतम बफर स्टॉक मानदण्ड अब संशोधित कर दिया है और इसे अप्रैल, 2005 से लागू किया गया है, जिसके अनुसार गेहूं का न्यूनतम बफर स्टॉक 01 जुलाई को 171.0 लाख मीटरी टन है।

---

††सभा में यह प्रश्न श्री मोतीलाल वोरा द्वारा पूछा गया।